Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10/765,611

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS 51							·	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	51 minus 20=		* 31			X\$ 9=		OR	X\$18=	558	
INE	DEPENDENT C	LAIMS	4 minus 3 =		*			X43=		OR	X86=	86	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	30	
* If the difference in column 1 is less than zero, enter "0"						column 2		TOTAL	<u> </u>	OR	TOTAL	1,414	
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
_		(Column 1) CLAIMS	T	(Colum		(Column 3)	3)	JIIIALL I		1	SINALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=	'	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
1, 13 23, 42,50,51								TOTAL	-	OB	TOTAL		
(Column 1) (Oct 100 Oct 100 Oc								DDIT. FEE			ADDIT. FEE	-	
		(Column 1) CLAIMS		(Colum		(Column 3)] [4001	1 1		455	
AMENDMENT B	٠	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	01.4114	= .	$\ \ $	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	_	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	╽┟	X43=			X86=		
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	-			OR						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Provincely Poid For" IN THIS COACE is less than 20, anter 200 "								TOTAL DDIT. FEE		OR ,	TOTAL DDIT. FEE		
	r tne "Highest Nur The "Highest Num	mber Previously Pa ber Previously Paid	id For IN THIS I For (Total or	SPACE is Independer	iess tha nt) is the	n 3, enter "3." highest number			opriate box				